

2010 MEMBERSHIP APPLICATION & RENEWAL FORM

VER 20091123

I WOULD LIKE TO JOIN RENEW MY MEMBERSHIP (please check one)
 AND PAY ANNUAL DUES IN THE FOLLOWING MEMBER CATEGORY: (please check one)

DATE		
___/___/___	___/___/___	___/___/___

<input type="checkbox"/> CORPORATE \$250 All membership benefits - two votes	<input type="checkbox"/> INDIVIDUAL \$35 All membership benefits - one vote	<input type="checkbox"/> ASSOCIATE \$10 Individual residing outside the U.S.-no voting rights
--	---	---

MEMBER #1		MEMBER #2	
NAME		NAME	(Applicable for CORPORATE MEMBERS only)
TITLE		TITLE	

COMPANY / ORGANIZATION			
NAME			
ADDRESS 1		WEBSITE	
ADDRESS 2		PHONE	
CITY		FAX	
STATE	ZIP	MOBILE	
COUNTRY		EMAIL	

TYPE OF BUSINESS (CORPORATION, PARTNERSHIP, LLC, ETC.)

HOME			
ADDRESS		PHONE	
CITY		FAX	
STATE	ZIP	MOBILE	
COUNTRY		EMAIL	

MEMBER PREFERENCES	
<p>We will inform you about upcoming events and other news items of interest by EMAIL only. However, notices of the FACC annual meeting, membership renewal reminders, or any other information that will require your special attention may be sent to you also by MAIL. Please check the mailing address of your preference.</p> <p style="text-align: center;"><input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME</p> <p>Our membership information will be included in the FACC national directory in printed form, free to all members. You will also be included in our member directory at www.faccpacific.com. If there is some information that you would NOT wish to be included on the website, please place a checkmark next to it.</p>	
___ MEMBER #1 NAME	___ COMPANY NAME
___ MEMBER #1 TITLE	___ COMPANY ADDRESS
___ MEMBER #2 NAME	___ COMPANY WEBSITE
___ MEMBER #2 TITLE	___ BUSINESS PHONE
	___ BUSINESS FAX
	___ BUSINESS MOBILE
	___ BUSINESS EMAIL
	___ HOME PHONE
	___ HOME FAX
	___ HOME MOBILE
	___ HOME EMAIL
	___ HOME CITY & STATE
	___ DO NOT PUBLISH ANY INFORMATION

Your membership information will not be disclosed or sold to a third party without your permission. Please keep us informed on any future changes.

For questions or more information on FACC member services, please send an email to MEMBERS@FACCPACIFIC.COM

PLEASE **MAIL** THIS FORM WITH YOUR CHECK (MADE PAYABLE TO **FACC**) OR CREDIT CARD INFORMATION TO

FINNISH AMERICAN CHAMBER OF COMMERCE (FACC)
 578 WASHINGTON BLVD. #745
 MARINA DEL REY, CA 90292

...OR FAX IT WITH YOUR CREDIT CARD INFORMATION TO (949) 861-9523

PAYMENT METHOD		<input type="checkbox"/> CHECK #	<input type="checkbox"/> CREDIT CARD ↓
CREDIT CARD #		PRINT NAME ON THE CARD	SIGNATURE
EXP. DATE	___ / ___	CIRCLE BILLING ADDRESS:	Business Home